# Maintaining Our Commitment to Community-Based Care: Another Look at the City of Hampton's System of Care

The Honorable Jay E. Dugger, Chief Judge; Hampton Juvenile and Domestic Relations Court

Betsy Clark, MSW, CSA Administrator; Hampton Department of Human Services

### Why focus on congregate care?

- Lack of research available to prove that children fare better in congregate facilities than family care and some studies have shown outcomes are worse.
- Institutional placements are three to five times the cost of family-based placements.
- Reducing reliance on congregate care has resulted in marked improvements for children.
- The reduction of congregate care has also had impact on the larger system by the reduction in the number of kids in foster care often drop.

( RIGHTSIZING CONGREGATE CARE, ANNIE E. CASEY FOUNDATION, 2009, PAGE 1)

## Hampton At-A-Glance

Statewide	<b>Hampton City</b>
15,645 Distinct Child Count	452 Distinct Child Count
427.1 Million Gross Expenditures	6.5 Million Gross Expenditures
418.2 Million Net Expenditures	6.4 Million Net Expenditures
\$26,731 Average Expenditures	\$14,181 Average Expenditure
	<b>0.3223</b> Base Match Rates
<b>0.3397</b> Effective Match Rate	<b>0.2114</b> Effective Match Rate

Source: Office of Children's Services CQI Tool

### Hampton's Outcome Measures

Statewide	Hampton City
1,866,274 Child Population	29,244 Child Population
14.7% Percent of Children in Poverty	21.1% Percent of Children in Poverty
12.9% Percent of Students with a Disability	13.3% Percent of Students with a Disability
4.3% Percent of Students Not Served in Regular Classroom	4.7% Percent of Students Not Served in Regular Classroom
91.6% On Time Graduation Rate	92.6% On Time Graduation Rate
<b>2.3</b> Rate of Child Abuse and Neglect Per 1,000 Children	<b>2.0</b> Rate of Child Abuse and Neglect Per 1,000 Children
82,307  Median Income of Families  with Children	53,471  Median Income of Families  with Children

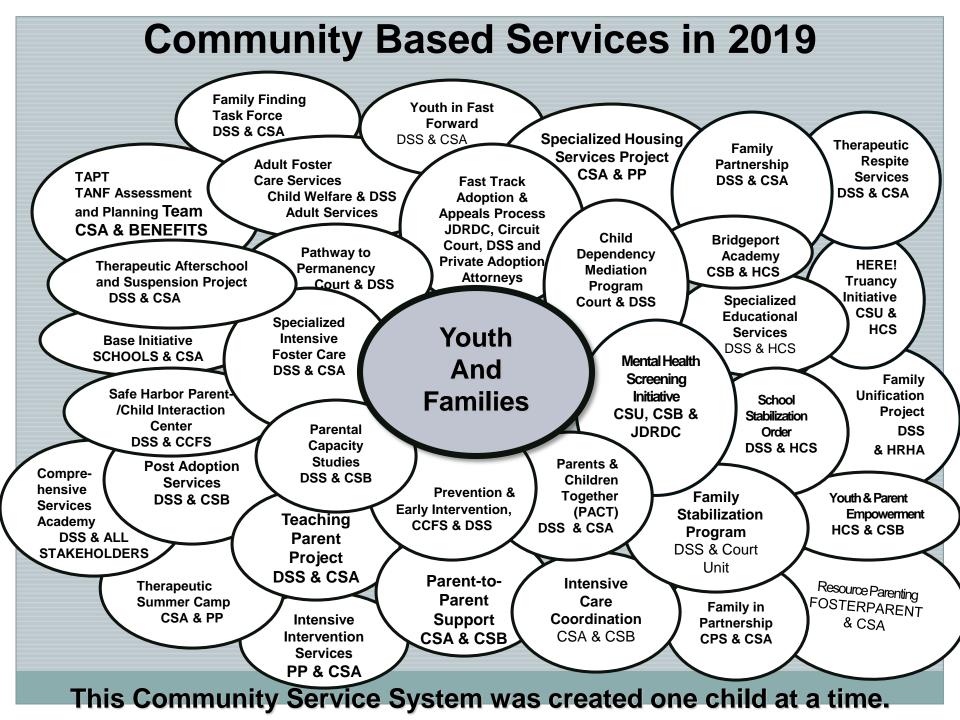
## A WAY of LIFE

Family focused, community based care is a "lifestyle," an organizing framework that is value based versus a "model" to be followed. Understanding System of Care is very different than internalizing the principles as the only way of practice.

- ❖ Although there are clearly defined roles of CPMT and FAPT, in Hampton, CPMT and FAPT see themselves as part of the same system building team − there is no evidence of a "we versus they" philosophy.
- \* There is a non categorical approach to service delivery service delivery crosses agency and program boundaries versus a "reform" of one agency or another.
- \* CPMT and FAPT have been creative and flexible enough to respond to how the administration of funding has changed/evolved over time understanding that additional constraints would be present and developing alternatives to ensure that the quality of services and access to those services remains the same.

## **Community Based Services in 1994**

Youth were in Residential Treatment



### Moving From Knowing to Doing

- Community Goals
- Assessment of Resources available (positive and negative)
- Development of new resources/services
- The flexibility of your system
- Responsiveness to crisis and time sensitive situations
- System transparency
- Relationship between community partners, providers and most importantly FAMILIES

## **Key Observations**

One child at a time One FAPT team Focus on critical outcome data Thorough assessments Recognizing families as the experts Partnerships with public and private providers Leadership Child-centered, family-focused, community-based service delivery Creative and common sense ideas **Unconditional Commitment** The Judge Relationship building Courage Willingness to spend CSA \$\$\$ differently **Taking Action** Hedgehog Concept + Core Value + Beliefs

#### 5 C's of Successful Implementation

- Conviction ~ Firm belief that this is right for the organization and customers served
- **Commitment** ~ Dedication to making it happen, monitoring it, and holding all (to include you) accountable to doing it
- Champions ~ Find those who will defend, promote, and support the new direction, concept or practice
- **Communication** ~ Clear, Focused, and Honest messaging thru every stage of implementation and operation
- **Courage** ~ Must be able and willing to confront fear of the unknown and uncertainly in the midst of popular opposition and/or discouragement

#### Moving from Intervention to Prevention

#### Home Visiting Programs

- Welcome Baby
- Healthy Start

#### DSS Early Identification Process

- Screening families who apply for TANF for additional supports and/or services
- Opening prevention cases on CPS call that don't meet criteria for an investigation to examine overall family functioning in addition to child safety

#### Early Truancy Prevention

- HERE Initiative
- o B.A.S.E.